



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chia-Shun Hsiao; Dong Jun Kim
Assignee: ProMOS Technologies Inc.
Title: CORNER PROTECTION TO REDUCE WRAP AROUND
Serial No.: 10/655,705 Filing Date: September 5, 2003
Examiner: Scott B. Geyer Group Art Unit: 2829
Docket No.: M-12953 US Confirmation No.: 7164

Irvine, California
October 19, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-3514

SUBMISSION OF FORMAL DRAWINGS

Dear Sir:

Applicants submit eight (8) sheets of formal drawings, consisting of Figures 1, 2A-2K, 3A-3D, in the above-named application. If there are any questions regarding these drawings, please call the undersigned at (949) 752-7040.

Certificate of First Class Mailing

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop Amendment, on the date shown below..

Tina Kavanaugh
Tina Kavanaugh

October 19, 2004

Respectfully submitted,

David S. Park

David S. Park
Attorney for Applicants
Reg. No. 52,094

LAW OFFICES OF
MacPHERSON KWOK CHEN
& HEID LLP

2402 MICHELSON DRIVE
SUITE 210
IRVINE, CA 92612
(949) 752-7040
FAX (949) 752-7049

DFW

MacPherson Kwok Chen & Heid LLP

1762 Technology Drive, Suite 226

San Jose, CA 95110

Tel. (408) 392-9250

Fax (408) 392-9262

2402 Michelson Drive, Suite 210

Irvine, CA 92612

Tel. (949) 752-7040

Fax (949) 752-7049

Email: mailbox@macpherson-kwok.com



October 19, 2004

Mail Stop AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): Chia-Shun Hsiao and Dong Jun Kim
Assignee: ProMOS Technologies Inc.
Title: Corner Protection To Reduce Wrap Around
Serial No.: 10/655,705
Examiner: Scott B. Geyer
Docket No.: M-12953 US
Filing Date: September 5, 2003
Group Art Unit: 2829

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Facsimile Transmittal Sheet;
- (2) This Transmittal Letter;
- (3) Response to Office Action (8 pages);
- (4) Submission of Formal Drawings (1 page);
- (5) Formal Drawings including Figures 1, 2A-2K, 3A-3D (8 pages).

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total Claims	25	Minus	29	=	0	x \$18.00	\$ 0
Independent Claims	4	Minus	5	=	0	x \$88.00	\$ 0
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<input type="checkbox"/> Fee for Request for Extension of Time							\$
Total additional fee for this Amendment:							\$
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input type="checkbox"/> Please charge our Deposit Account No. 50-2257 in the amount of							\$ \$0
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257							
Total:							\$ \$0

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October 19, 2004

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David S. Park
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